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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/775,593
	Filing Date	February 9, 2004
	First Named Inventor	Stephanie Western
	Art Unit	1725
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	6973P001

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the attorneys/agents of record.
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☐ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	J. Carl Cooper		
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Signature	<i>Thomas S. Ferrill</i>		
Name	Thomas S. Ferrill		Registration No.
Date	<i>Thomas S. Ferrill 3-15-05</i>		42,532
NOTE: Withdrawal is effective when approved rather than when received unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period. The request to withdraw is normally disapproved			Telephone No. 408-720-8300

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.111 and 1.114. This collection is estimated to take 12 minutes to complete, including gathering, reviewing, and submitting the requested information to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time used.